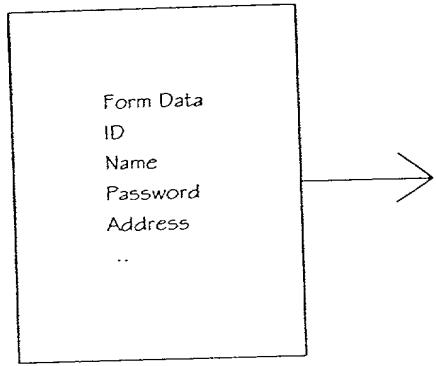


Personal information (* required field)	
<input type="checkbox"/> Real name :	*
<input type="checkbox"/> Phone number (day) :	*
<input type="checkbox"/> Phone number (evening) :	*
<input type="checkbox"/> E-mail :	*
<input type="checkbox"/> Password :	*
<input type="checkbox"/> Verify the password :	*
<input type="checkbox"/> Sex :	male female *
<input type="checkbox"/> Date of birth :	___ D ___ M ___ Y *
<input type="checkbox"/> Address :	*
<input type="checkbox"/> Occupation :	*

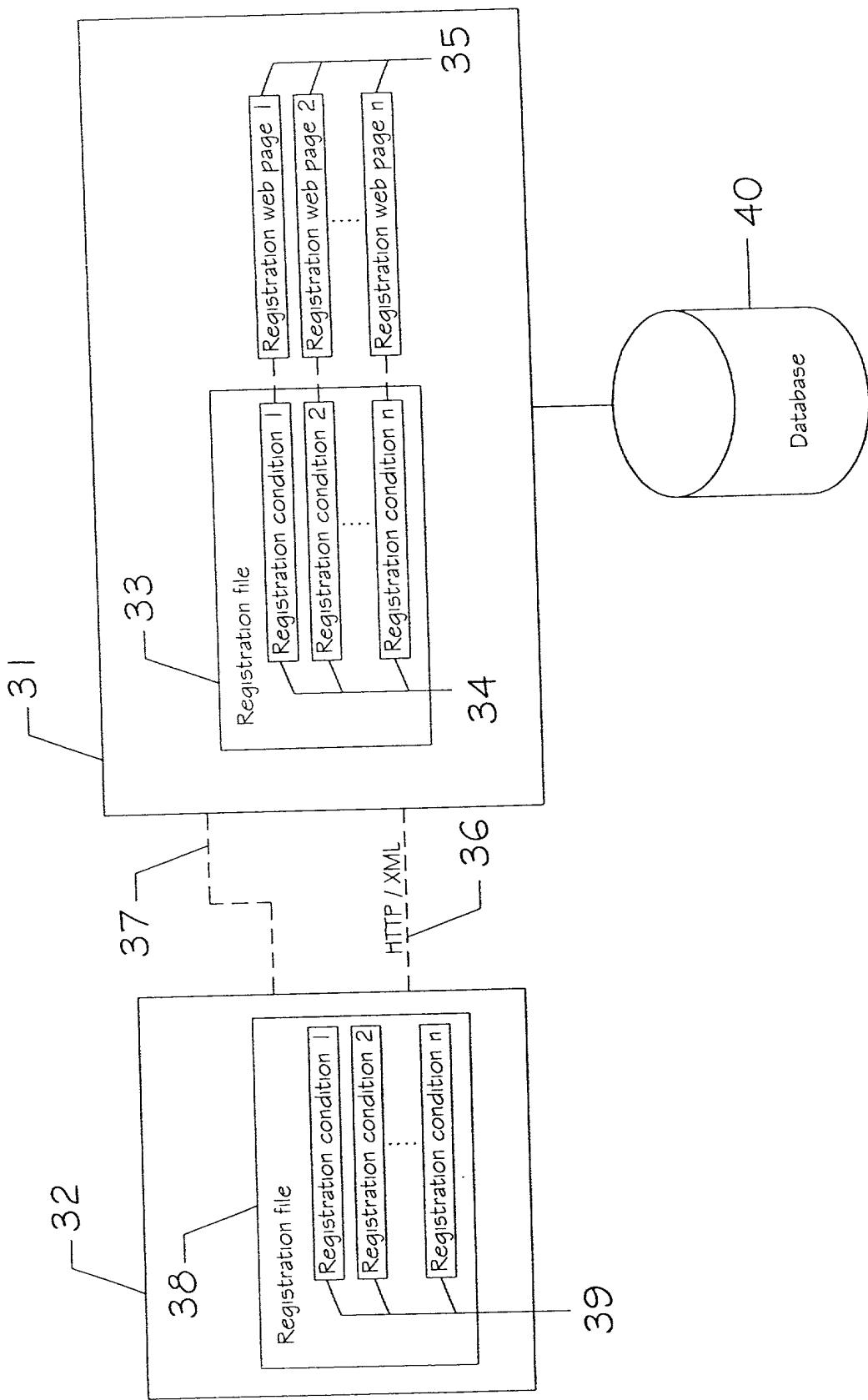
Fig . 1 (prior art)



	ID	Password	Name	Address
1	Jason	asffdgtew	XXXX	----
2	David	223edgfdrg	XXXX	----
3	Rick	dsfdsfewr	XXXX	----
4	-

Fig . 2 (prior art)

Fig . 3



```
< Registration >
< Stage 1 >
  < Condition >
    First condition ————— 41
  < / Condition >
  < Reg page >
    First registration web page ————— 42
  < / Reg page >
< / Stage 1 >
< Stage 2 >
  < Condition >
    Second condition ————— 43
  < / Condition >
  < Reg page >
    Second registration web page ————— 44
  < / Reg page >
  ...
  < Condition >
    n th condition
  < / Condition >
  < Reg page >
    n th registration web page
  < / Reg page >
< / Stage 2 >
< / Registration >
```

Fig . 4

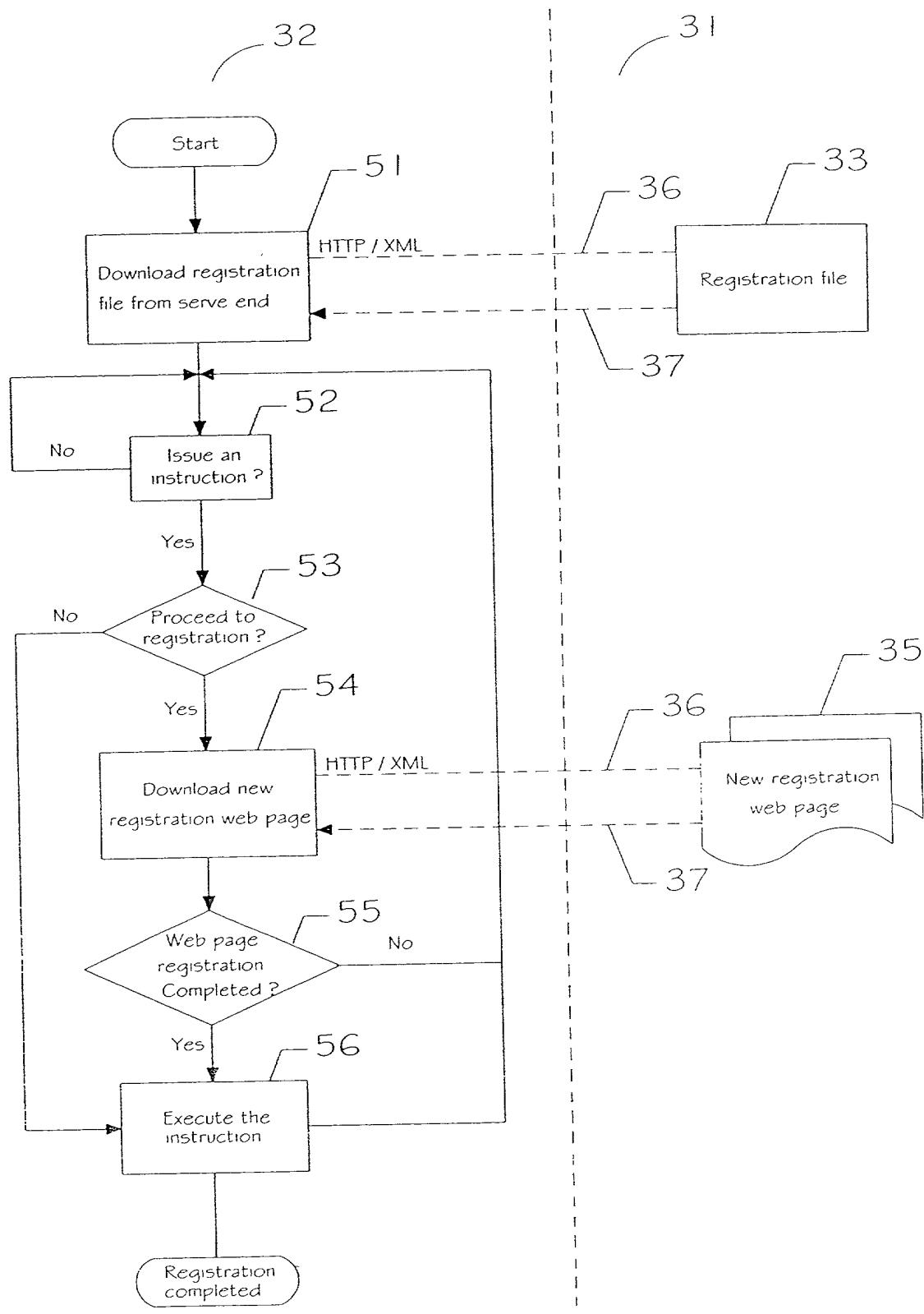
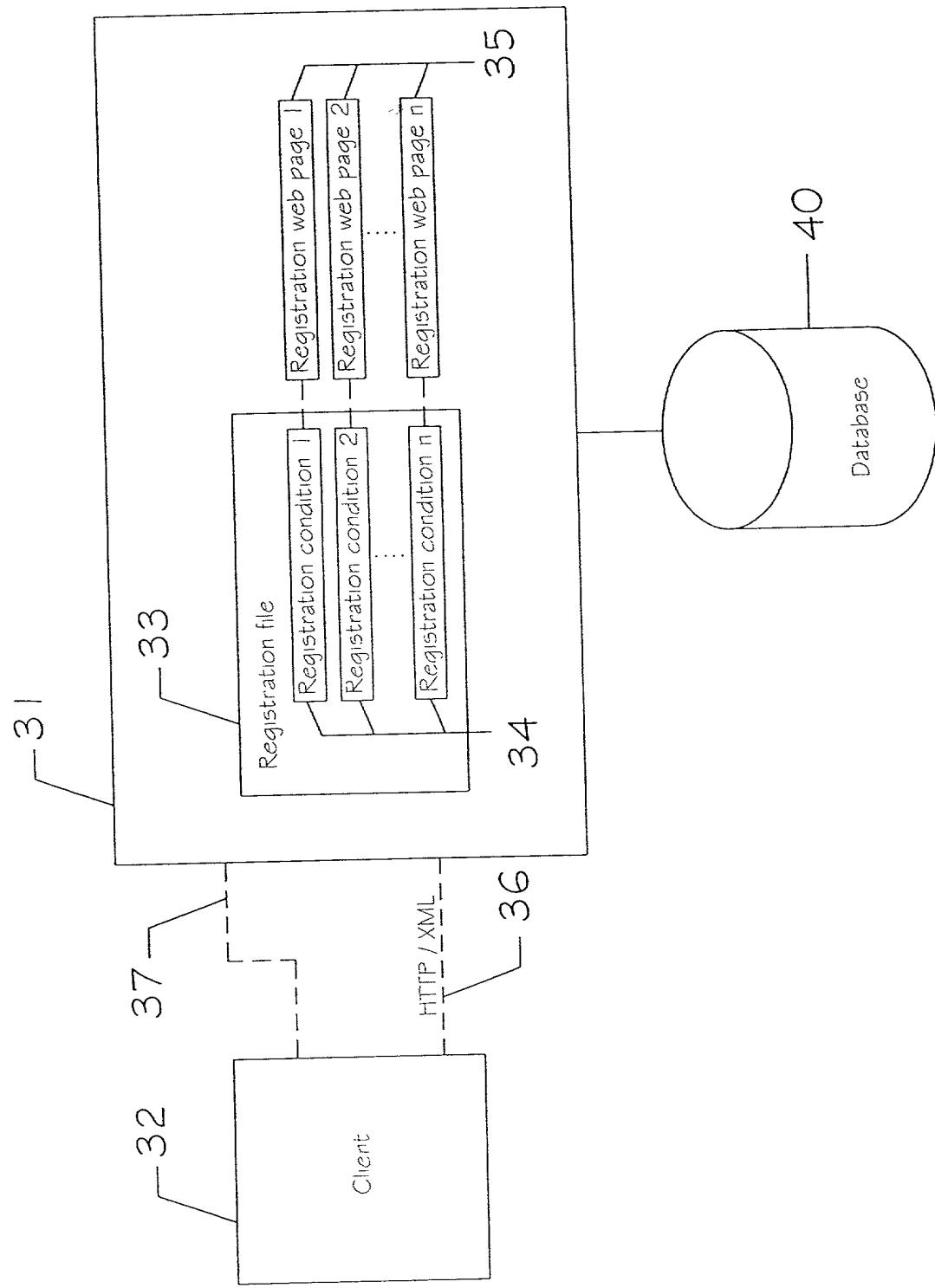


Fig . 5

Fig. 6



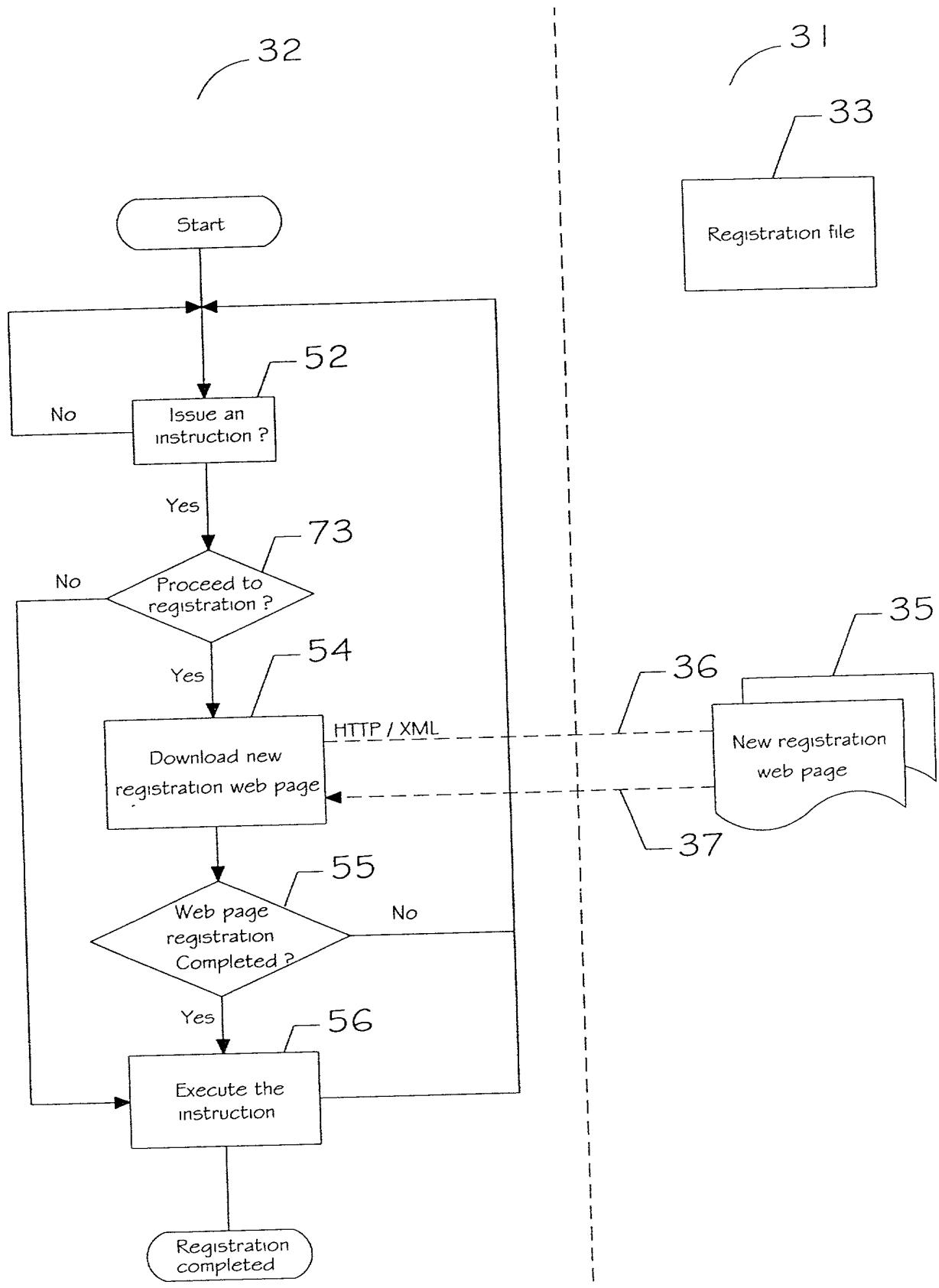


Fig . 7